

***FARJAMI & FARJAMI LLP***  
AN INTELLECTUAL PROPERTY LAW FIRM

www.farjami.com

**RECEIVED**  
**CENTRAL FAX CENTER****APR 08 2004****OFFICIAL**26522 La Alameda Avenue, Suite 360  
Mission Viejo, California 92691  
tel: (949) 282-1000  
fax: (949) 282-1002**FACSIMILE TRANSMISSION COVER SHEET**

**Date:** April 8, 2004

**To:** Examiner Donghee Kang, Art Unit 2811

**Fax:** (703) 872-9306

**Re:** **Application Serial No.: 09/680,036**  
Filing Date: 10/5/2000; Inventor(s): Mann, et al.  
F&F LLP Docket No.: 0190118

**From:** Sukhie Bal, Office Administrator

**Number of pages including the cover sheet:** 15**Message:**

Enclosed please find the Amendment and Response to the Office Action dated January 14, 2004. The First Month Extension fee of \$110.00 is hereby enclosed on Form PTO-2038.

Thank you.

04/09/2004 SSESHE1 00000158 09680036

01 FC:1251

110.00 OP

**RECEIVED**  
**APR -9 2004**  
**OIPE/JCWS**

The documents accompanying this facsimile contain **PRIVILEGED AND CONFIDENTIAL** information intended only for use of the individual or entity named above. If you are not the intended recipient, disclosure, copying, distribution or use of the contents of this facsimile information is prohibited. If you have received this facsimile in error, please immediately notify us by telephone and return the original facsimile to us at the above address via U.S. Postal Service. We will reimburse you for all expenses incurred.



Attorney Docket No.: 0190118

**AMENDMENT COVER SHEET**IN RE APPLICATION OF: Mann, et al.SERIAL NO.: 09/680,036 FILED: October 5, 2000FOR: Tapered Threshold Reset FET for CMOS ImagersHONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.☒ The fee has been calculated as shown below:☒ EXTENSION FEE

|                                    | RATE<br>Non-Small Entity | RATE<br>Small-Entity | FEE       |
|------------------------------------|--------------------------|----------------------|-----------|
| FIRST MONTH AFTER TIME PERIOD SET  | 110.00                   | 55.00                | \$ 110.00 |
| SECOND MONTH AFTER TIME PERIOD SET | 420.00                   | 210.00               | \$        |
| THIRD MONTH AFTER TIME PERIOD SET  | 950.00                   | 475.00               | \$        |
| FOURTH MONTH AFTER TIME PERIOD SET | 1,480.00                 | 740.00               | \$        |

☒ TOTAL EXTENSION FEE \$ 110.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

|  | Column 1                               | Column 2                         | Column 3                  |                             |                      |     |
|--|--|----------------------------------|---------------------------|-----------------------------|----------------------|-----|
|  | Number of<br>Claims after<br>Amendment | Number<br>Previously<br>Paid for | Number of<br>Extra Claims | RATE<br>Non-Small<br>Entity | RATE<br>Small Entity | FEE |
| TOTAL CLAIMS                                   | 29                                     | MINUS **49                       | * = 0                     | x 18                        | x 9                  | \$  |
| INDEPENDENT                                    | 4                                      | MINUS ***4                       | * = 0                     | x 86                        | x 43                 | \$  |
| First presentation of multiple dependent claim |  |                                  |                           | + 290                       | + 145                | \$  |

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

\* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

\*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 0190118

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☒ Enclosed is the total fee of \$ 110.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date:

4/8/04

By:

  
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

Date

4/8/04

Signature

  
Name of Person Performing Facsimile Transmission

Michael Farjami, Esq.  
Farjami & Farjami LLP  
26522 La Alameda Ave., Suite 360  
Mission Viejo, CA 92618  
(949) 282-1000

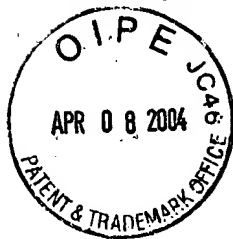
CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

Date

Signature

Typed or Printed Name of Person Mailing Paper and/or Fee



Attorney Docket No.: 0190118

**AMENDMENT COVER SHEET**IN RE APPLICATION OF: Mann, et al.SERIAL NO.: 09/680,036 FILED: October 5, 2000FOR: Tapered Threshold Reset FET for CMOS ImagersHONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.

☒ The fee has been calculated as shown below:

☒ EXTENSION FEE

|                                    | RATE<br>Non-Small Entity | RATE<br>Small-Entity | FEE       |
|------------------------------------|--------------------------|----------------------|-----------|
| FIRST MONTH AFTER TIME PERIOD SET  | 110.00                   | 55.00                | \$ 110.00 |
| SECOND MONTH AFTER TIME PERIOD SET | 420.00                   | 210.00               | \$        |
| THIRD MONTH AFTER TIME PERIOD SET  | 950.00                   | 475.00               | \$        |
| FOURTH MONTH AFTER TIME PERIOD SET | 1,480.00                 | 740.00               | \$        |

☒ TOTAL EXTENSION FEE \$ 110.00

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

|  | Column 1<br>Number of<br>Claims after<br>Amendment | Column 2<br>Number<br>Previously<br>Paid for | Column 3<br>Number of<br>Extra Claims | RATE<br>Non-Small<br>Entity | RATE<br>Small Entity | FEE |
|--|--|--|---------------------------------------|-----------------------------|----------------------|-----|
| TOTAL CLAIMS                                   | 29   | MINUS **49                                   | * = 0                                 | x 18                        | x 9                  | \$  |
| INDEPENDENT                                    | 4  | MINUS ***4                                   | * = 0                                 | x 86                        | x 43                 | \$  |
| First presentation of multiple dependent claim |  |  |                                       | + 290                       | + 145                | \$  |

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- \* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.  
 \*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.  
 \*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.


Attorney Docket No.: 0190118

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☒ Enclosed is the total fee of \$ 110.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date:

4/8/04

By:

  
Michael Farjami, Reg. No. 38,135**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

Date

4/8/04

Signature

  
Name of Person Performing Facsimile Transmission

Michael Farjami, Esq.  
Farjami & Farjami LLP  
26522 La Alameda Ave., Suite 360  
Mission Viejo, CA 92618  
(949) 282-1000

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

Date

Signature

Typed or Printed Name of Person Mailing Paper and/or Fee